

Pharmacy Assessment System

Information Events



March 2017

AN RIALTÓIR CÓGAISÍOCHTA
THE PHARMACY REGULATOR

Structure of this Presentation

1. **Development of the Pharmacy Assessment System**
2. **Pharmacy Assessment System**
3. **Practical Examples**
4. **Questions**



Pharmacy Assessment System



SECTION 1



MANAGEMENT AND SUPERVISION

SECTION 3




SALE AND SUPPLY OF PRESCRIPTION MEDICINES

SECTION 2




SALE AND SUPPLY OF NON-PRESCRIPTION MEDICINES

SECTION 4




DOCUMENTATION AND RECORD KEEPING

SECTION 6



SUPPLY OF MEDICINES TO PATIENTS IN RESIDENTIAL CARE SETTINGS

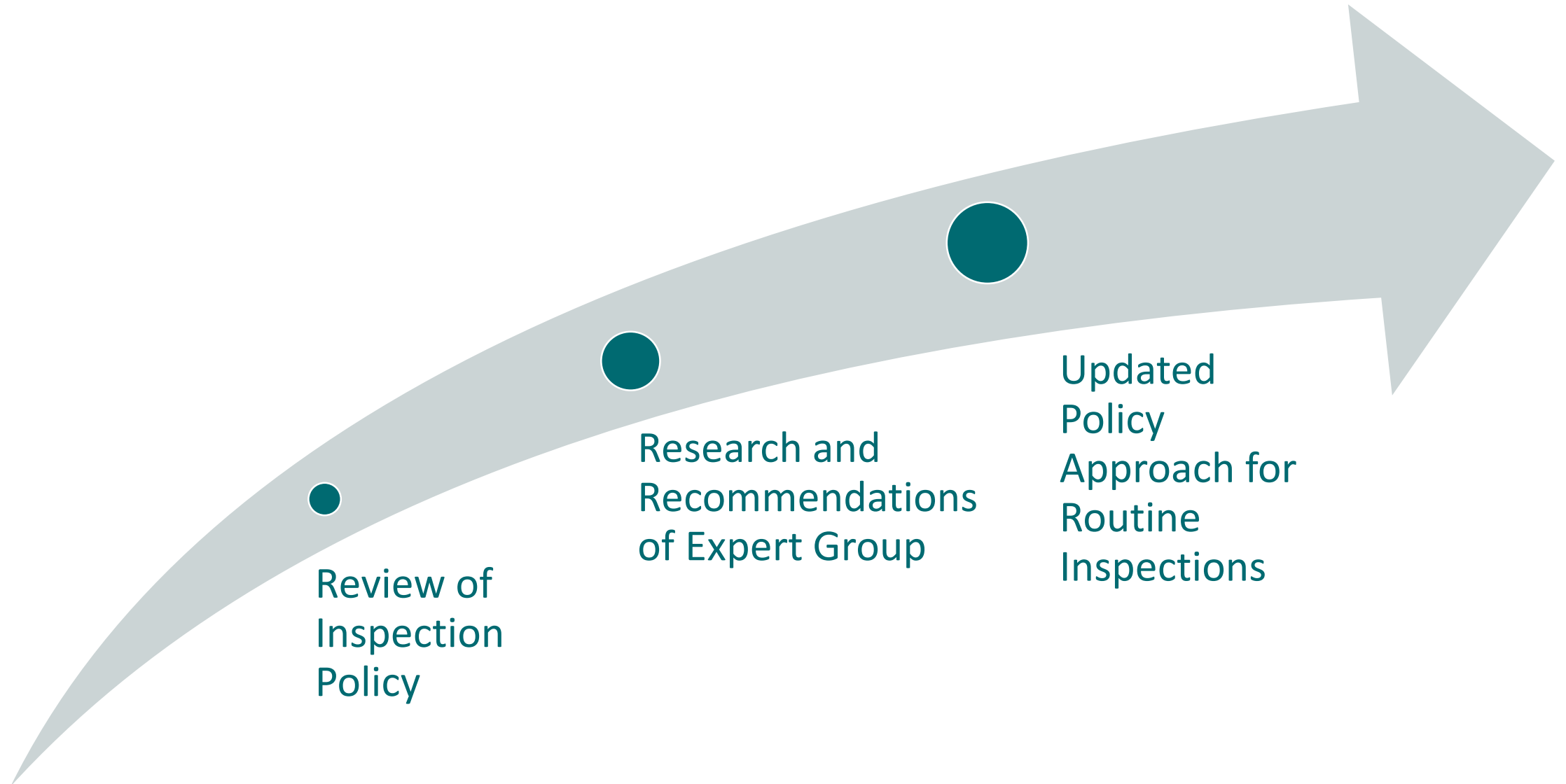
SECTION 5



PREMISES, EQUIPMENT AND STORAGE



Development of Pharmacy Assessment System



Updated Inspection Policy for Routine Inspections

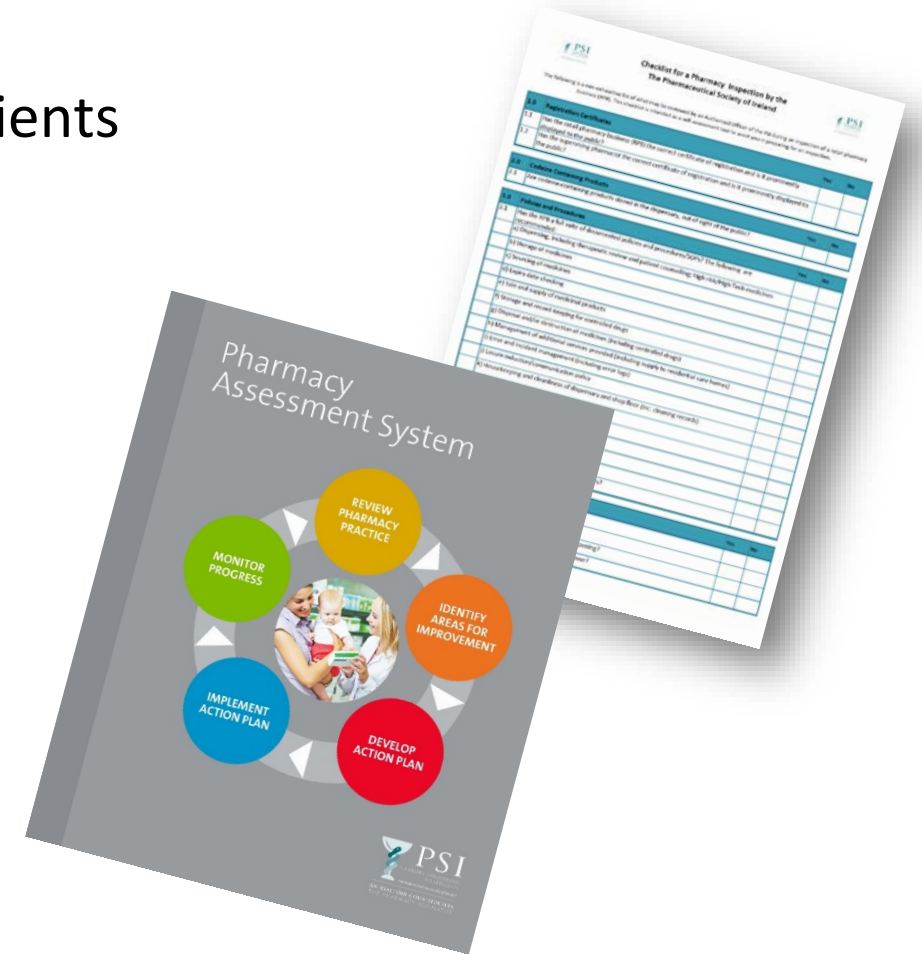
1. Self-Assessment for pharmacies
 - Conducted once every six months by the Supervising Pharmacist
 - Approved by the Superintendent Pharmacist and Pharmacy Owner
 - Reviewed at PSI inspection
2. Notified or Un-notified inspections, determined by a risk assessment

Who else uses Self-Assessment?

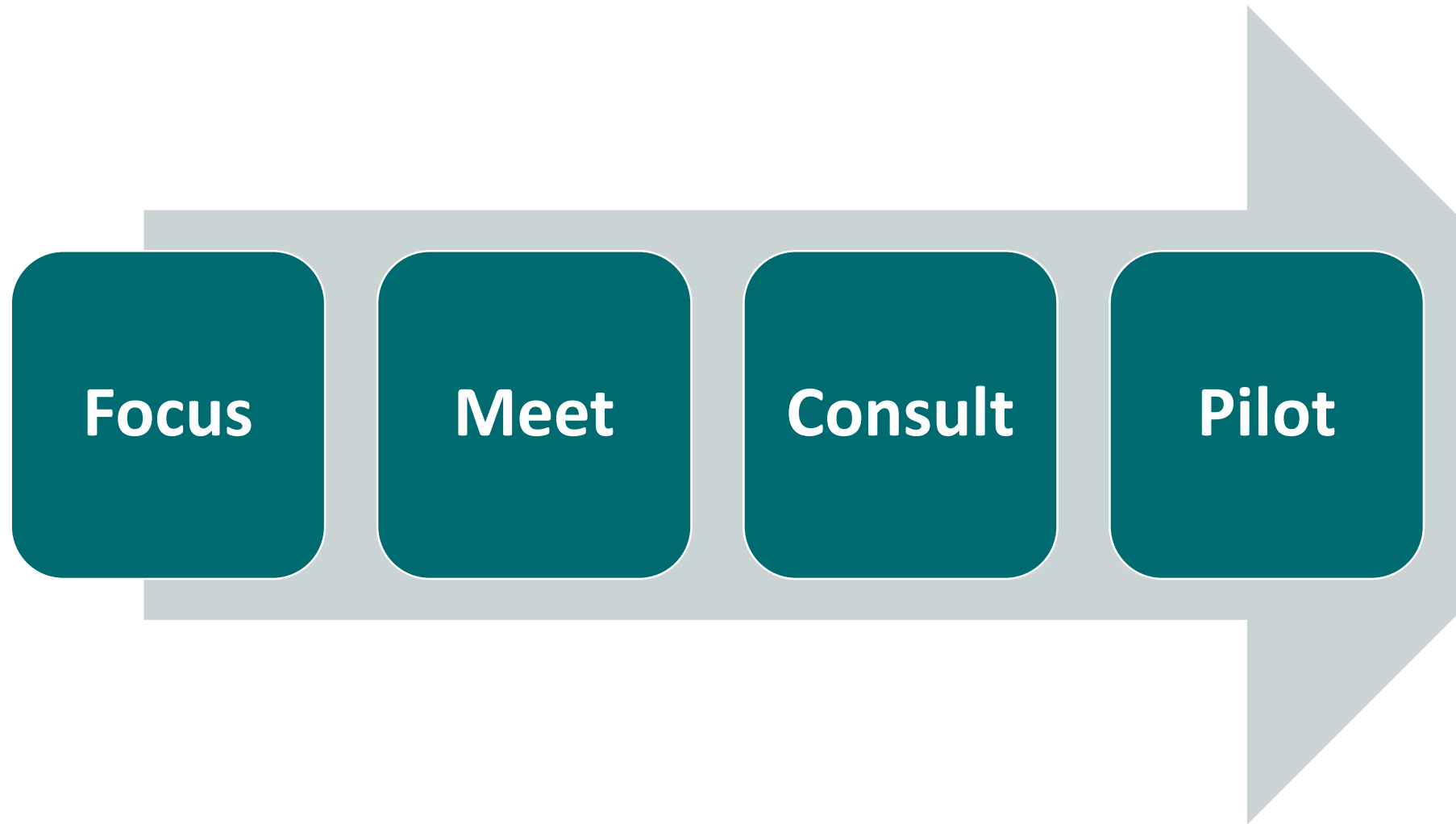


What is the Pharmacy Assessment System?

- Formalised process of self-evaluation of your pharmacy's practice
 - Part of your pharmacy's quality system
 - Assurance of the quality of care provided to patients
- Monitor and measure compliance with:
 - Regulatory requirements and best practice
 - Procedures in your pharmacy
- **Improvements in Pharmacy Practice**

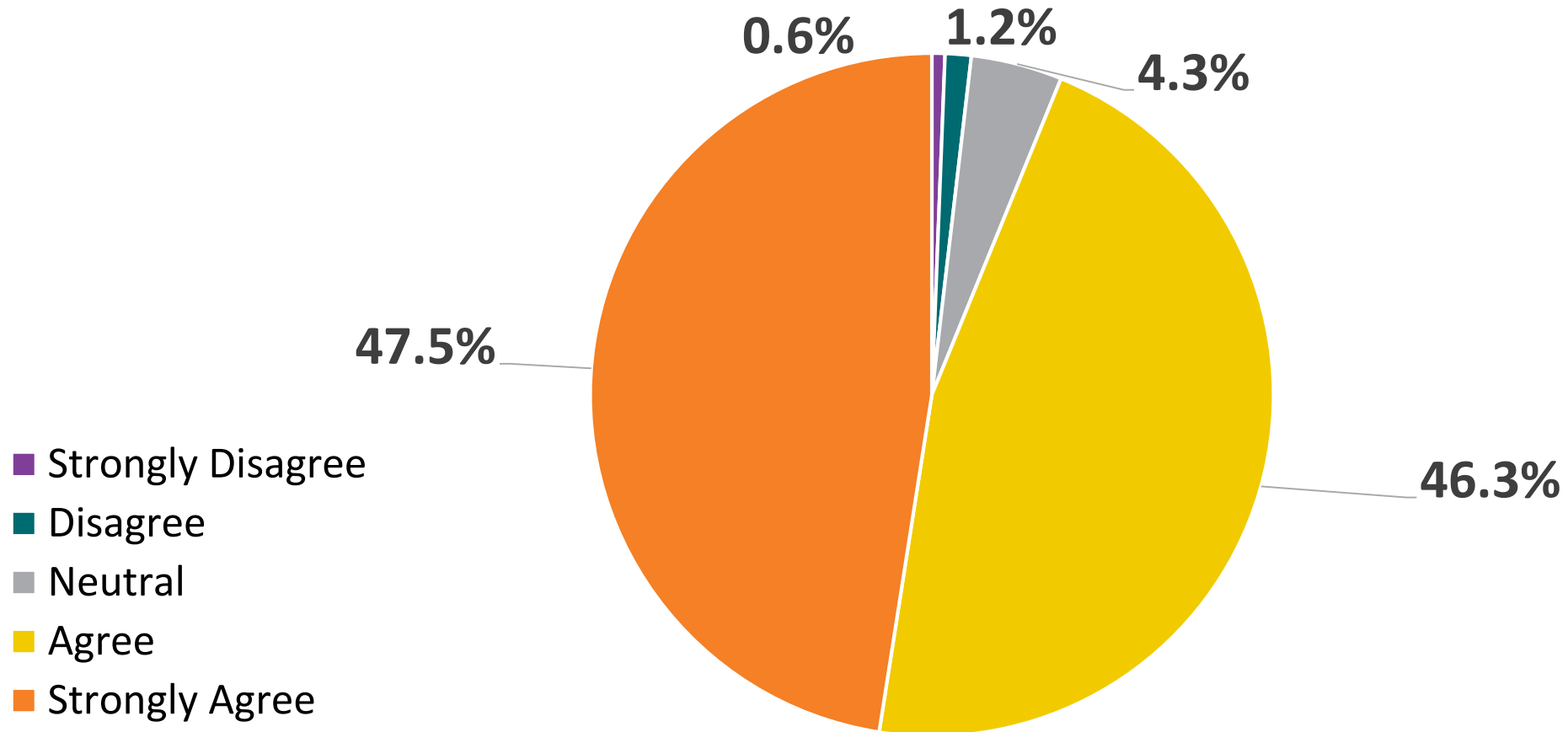


Development and Consultation



Pilot Feedback

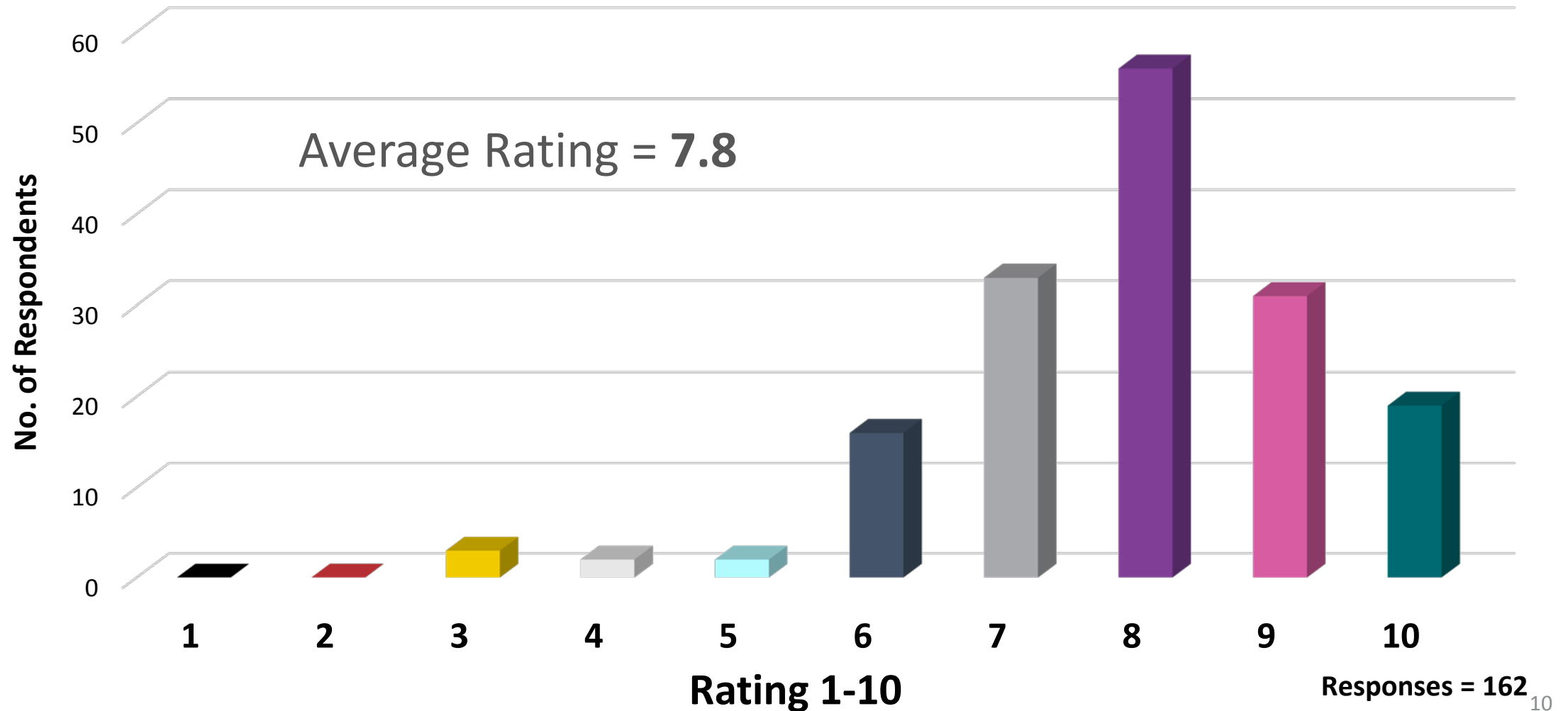
Completing the Assessment has helped me to identify areas for improvement at my pharmacy



Pilot Responses = 162

Pilot Feedback

Overall, how would you rate the Pharmacy Assessment System?



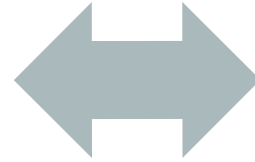
Benefits of Completing the Assessment

- Evaluation of pharmacy's practice
 - Validate and record good practice
 - Identify areas where improvements are required
- Demonstrate:
 - Control over the management and administration of your pharmacy
 - Commitment to continuous quality improvement
- Promotes patient safety
- More likely to receive a shorter, notified inspection

Who is Responsible?

Supervising Pharmacist

- **Complete** Assessment every 6 months
- **Identify** areas for improvement
- **Involve** pharmacy team
- **Communicate** and implement all actions
- **Review** and retain



Superintendent Pharmacist & Pharmacy Owner

- Provide **support** and **resources** to complete the Assessment
- **Review** and **sign off**
- Provide support and resources to **implement** the actions required

What does it mean for you?

- Assessment to be completed once every six months
 - Start first cycle completed by end of June 2017
- Advisory Visits on Pharmacy Assessment System
 - Advice to help you start using the Assessment
 - Check that you are completing the Assessment for your pharmacy
- Completion of the Pharmacy Assessment linked to Risk Assessment and Notified inspections



Advisory Visits

Advisory Visits – February 2017

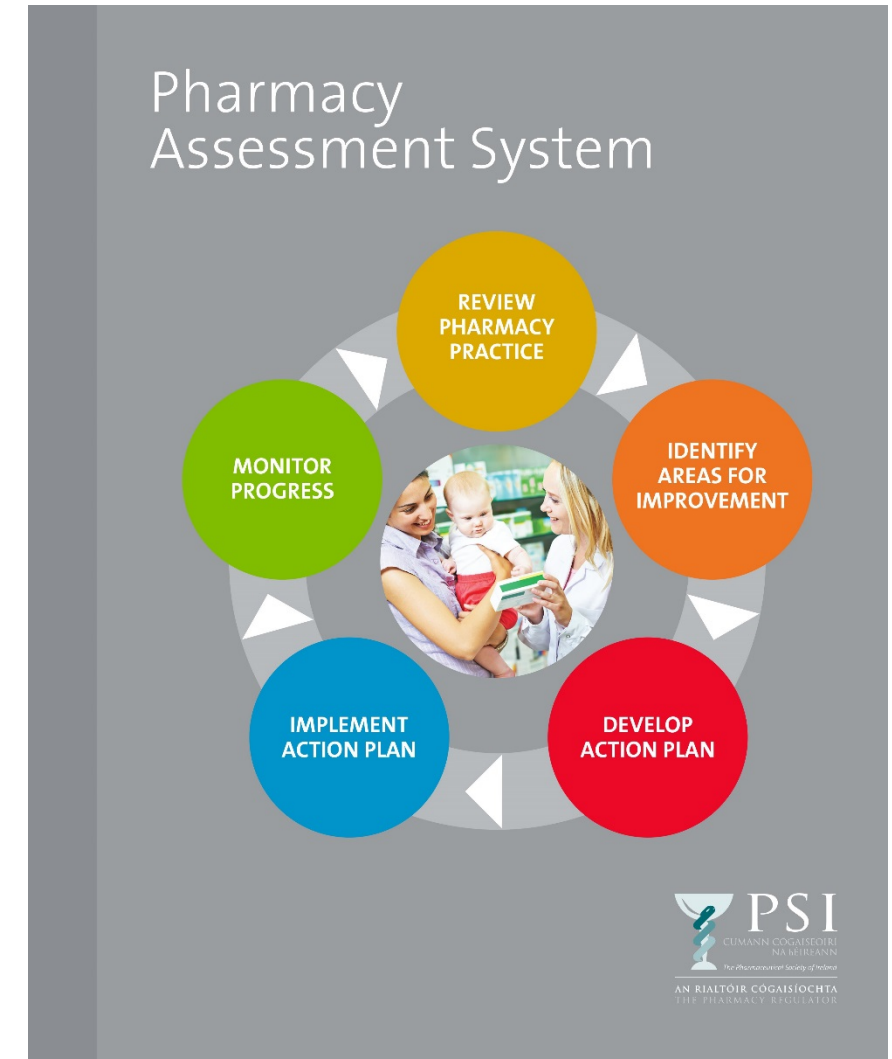
Number of Pharmacies visited	256
Supervising Pharmacist present (186/256)	73%
Started using Assessment (217/256)	85%
Assessment helped to review practice/identify improvements (144/163)	88%

Pharmacy Assessment System



Your Pharmacy Assessment System Folder

- **Guide to Completing the Assessment System**
- **Sections:**
 1. Management and Supervision
 2. Sale and Supply of Non-Prescription Medicines
 3. Sale and Supply of Prescription Medicines
 4. Documentation and Record Keeping
 5. Premises, Equipment and Storage
 6. Supply of Medicines to Patients in Residential Care Settings
- **Action Plan Booklet**
- **Pharmacy Assessment System Schedule**



How is each section structured?



Review

- Practical Audit Activities/ Questions
- Identify what you are doing well
- Identify areas where improvements are required
- Be specific and detailed
- Help you to develop your action plan
- When completed, move on to the Compliance Assessment



Compliance Assessment

COMPLIANT	<ul style="list-style-type: none"> • The pharmacy consistently meets or exceeds requirements • No action required, unless to further improve practice
MOSTLY COMPLIANT	<ul style="list-style-type: none"> • The pharmacy meets most, but not all, requirements • Small number of actions required to achieve full compliance
PARTIALLY COMPLIANT	<ul style="list-style-type: none"> • The pharmacy meets some, but not all, requirements • Actions required to achieve full compliance
NON-COMPLIANT	<ul style="list-style-type: none"> • The pharmacy does not meet requirements • Immediate actions required

SECTION 2: SALE AND SUPPLY OF NON-PRESCRIPTION MEDICINES

Compliance Assessment – Sale and Supply of Non-Prescription Medicines

Having completed the review, please consider the statements listed below and select the level of compliance that you think best represents your pharmacy

Compliant:

- The sale and supply of non-prescription medicines is always carried out under the personal supervision of a pharmacist, i.e. the pharmacist can see and hear all interactions and can intervene in any sale if necessary.
- All patients are counselled on the appropriate use of their medicines.
- There is a clear, documented procedure implemented at the pharmacy for the sale and supply of non-prescription medicines, which accurately reflects practices in the pharmacy and the requirements of legislation and guidance.

Mostly Compliant:

- The sale and supply of non-prescription medicines is mostly carried out under the personal supervision of a pharmacist.
- Most patients are routinely counselled on the appropriate use of their medicines.
- There is a clear, documented procedure implemented at the pharmacy for the sale and supply of non-prescription medicines, but this is not consistently followed.

Partially Compliant:

- The sale and supply of non-prescription medicines is not always carried out under the personal supervision of a pharmacist.
- Patients are not routinely counselled on the appropriate use of their medicines.
- There is a documented procedure in place on the sale and supply of non-prescription medicines but this does not reflect practices in the pharmacy.

Non-Compliant:

- The sale and supply of all on-prescription medicines is not carried out under the personal supervision of a pharmacist.
- Patients are not counselled on the appropriate use of their medicines.
- No procedure is in place for the sale and supply of non-prescription medicines from the pharmacy.

When you have completed this, move on to the Action Plan Booklet

Action Plan



How do I complete an Action Plan?

S

SPECIFIC

What exactly do you want to achieve?

M

MEASURABLE

How will you evaluate / demonstrate improvement?

A

ACHIEVABLE

Are the actions attainable?

R

RELEVANT

Is the action relevant to what you want to achieve?

T

TIMELY

Have you assigned a timeframe and is it appropriate?

Approval of Action Plans

ACTION PLAN BOOKLET

Approval of Action Plans by Superintendent Pharmacist (if not also the supervising pharmacist) To be completed <u>after</u> Pharmacy Assessment System	
Have you reviewed all sections of the completed Pharmacy Assessment System?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What support was provided to assist the supervising pharmacist in completing the Pharmacy Assessment System:	
What support was provided to assist the supervising pharmacist in implementing the action plans:	
Have you identified any additional areas where improvement is needed to facilitate on going compliance at the pharmacy? Record details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Superintendent Pharmacist	Signature
	Date
Additional Comments	

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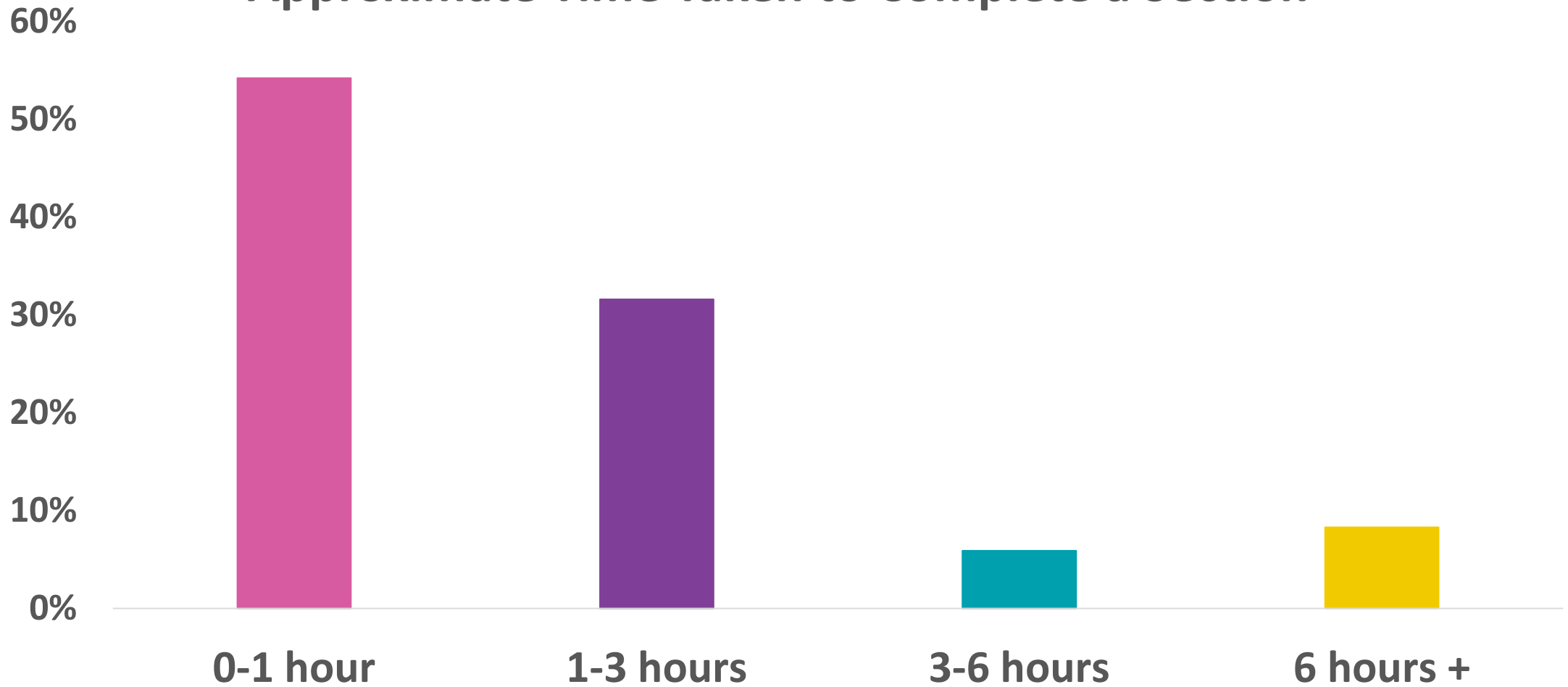
ACTION PLAN BOOKLET

Approval of Action Plans by Pharmacy Owner(s) (if different from the supervising and superintendent pharmacist) To be completed <u>after</u> Pharmacy Assessment System	
Have you reviewed all sections of the completed Pharmacy Assessment System?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What support was provided to assist the supervising pharmacist in completing the Pharmacy Assessment System:	
What support was provided to assist the supervising pharmacist in implementing the action plans:	
Have you identified any additional areas where improvement is needed to facilitate on going compliance at the pharmacy? Record details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pharmacy Owner(s)	
Name	Position
Signature	Date
Additional Comments	

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Pilot Feedback

Approximate Time Taken to Complete a Section



Worked Examples



Section 2: Sale and Supply of Non-Prescription Medicines

Date Commenced	Name	Role
----------------	------	------

Review of the Sale and Supply of Non-Prescription Medicines

The purpose of this section is to review how non-prescription medicines are supplied safely to patients under the personal supervision of the pharmacist, and how patients are provided with sufficient information for use of their medicines.

How to Complete

Observe 5 sales / supplies of non-prescription medicines from the pharmacy and record your findings.

SECTION 2: SALE AND SUPPLY OF NON-PRESCRIPTION MEDICINES

Example 1

Section 2: Sale and Supply of Non-Prescription Medicines



Review

SUPPLY 1	
Date Supplied:	13/02/2017
Medicine(s) Requested: Nurofen® tablets	Patient Symptom(s): Patient requested Nurofen® tablets for back pain
Medicine(s) Supplied: Nurofen® 200mg tablets	
Interaction with Patient	Referral to Pharmacist

Review

Interaction with Patient	Referral to Pharmacist	
<p>What question(s) were asked?</p> <p>The counter assistant used the WWHAM questioning technique and made sure the patient did not have asthma or any stomach problems.</p>	<p>Was the patient referred to the pharmacist?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> n/a <input type="checkbox"/></p>
	<p>If yes, record reason/ referral symptom(s):</p> <p>N/A</p>	
Patient Counselling		
<p>Was the patient provided with sufficient information to allow them to use their medicine safely and effectively?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	
<p>Did the staff member check that the patient understood the information provided?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	
<p>Record details:</p> <p>Patient was advised to take the tablets with/ after food. The patient was not advised of the correct dosage for this medicine. Understanding not checked.</p>		

Review

Improvements

Could any aspect of this interaction have been improved?

Yes No

If yes, record details:

The pharmacy SOP on Sale of Non-Prescription Medicines states that all patients should be counselled on the correct dosage of medicines. This patient was not advised of the correct dosage in accordance with the SOP.

Check the patient understood the information given.

Compliance Assessment

Compliance Assessment – Sale and Supply of Non-Prescription Medicines

Having completed the review, please consider the statements listed below and select the level of compliance that you think best represents your pharmacy

Compliant:

- The sale and supply of non-prescription medicines is always carried out under the personal supervision of a pharmacist, i.e. the pharmacist can see and hear all interactions and can intervene in any sale if necessary.
- All patients are counselled on the appropriate use of their medicines.
- There is a clear, documented procedure implemented at the pharmacy for the sale and supply of non-prescription medicines, which accurately reflects practices in the pharmacy and the requirements of legislation and guidance.

Mostly Compliant:

- The sale and supply of non-prescription medicines is mostly carried out under the personal supervision of a pharmacist.
- Most patients are routinely counselled on the appropriate use of their medicines.
- There is a clear, documented procedure implemented at the pharmacy for the sale and supply of non-prescription medicines, but this is not consistently followed.

Partially Compliant:

- The sale and supply of non-prescription medicines is not always carried out under the personal supervision of a pharmacist.
- Patients are not routinely counselled on the appropriate use of their medicines.
- There is a documented procedure in place on the sale and supply of non-prescription medicines but this does not reflect practices in the pharmacy.

Non-Compliant:

- The sale and supply of all on-prescription medicines is not carried out under the personal supervision of a pharmacist.
- Patients are not counselled on the appropriate use of their medicines.
- No procedure is in place for the sale and supply of non-prescription medicines from the pharmacy.

When you have completed this, move on to the Action Plan Booklet

Compliance Assessment

Compliant:



- The sale and supply of non-prescription medicines is always carried out under the personal supervision of a pharmacist, i.e. the pharmacist can see and hear all interactions and can intervene in any sale if necessary.
- All patients are counselled on the appropriate use of their medicines.
- There is a clear, documented procedure implemented at the pharmacy for the sale and supply of non-prescription medicines, which accurately reflects practices in the pharmacy and the requirements of legislation and guidance.

Mostly Compliant:



- The sale and supply of non-prescription medicines is mostly carried out under the personal

Action Plan

ACTION PLAN BOOKLET

Action Plan Section 2: Sale and Supply of Non-Prescription Medicines				
Have you identified area(s) for improvement in this Section? If No, you can proceed to the Approval of Action Plan for this section. If Yes, record these below:				Yes <input type="checkbox"/> No <input type="checkbox"/>
Area(s) for Improvement	Action(s) to be taken	Person responsible for action	Target date for completion	Action Completed
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

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ACTION PLAN BOOKLET

Area(s) for Improvement	Action(s) to be taken	Person responsible for action	Target date for completion	Action Completed
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

Approval of Action Plan by Supervising Pharmacist	
Signature:	Date:

Additional Comments by Supervising Pharmacist

Additional Comments provided by Members of the Pharmacy Team

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Action Plan

Action Plan Section 2: Sale and Supply of Non-Prescription Medicines				
Have you identified area(s) for improvement in this Section? If No, you can proceed to the Approval of Action Plan for this section. If Yes, record these below:				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Area(s) for Improvement	Action(s) to be taken	Person responsible for action	Target date for completion	Action Completed
Ensure all patients are counselled on dosage as per SOP	Retrain all staff on SOP	Support pharmacist	13/03/2017	Yes <input type="checkbox"/> No <input type="checkbox"/>

Action Plan

Approval of Action Plan by Supervising Pharmacist

Signature: **Supervising Pharmacist**

Date:

28/02/2017

Additional Comments by Supervising Pharmacist

Consider having a customer feedback box in the pharmacy to get suggestions on how to improve customer satisfaction with the non-prescription medicine information provided- discuss with superintendent pharmacist at next meeting.

Additional Comments provided by Members of the Pharmacy Team

- Staff meeting regarding action plan, attended by all staff. Discussed findings from review and possible actions to improve service.**
- Counter Assistant suggested refresher training on a seasonal basis, e.g. hayfever**

Section 4: Documentation and Record Keeping

Date Commenced	Name	Role
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Review of Pharmacy Documentation and Record Keeping

The purpose of this section is to review whether appropriate records are in place, and these are accurately maintained and regularly reviewed.

Controlled Drugs (CD) Register

1 Is the CD register retained at the pharmacy for **2 years** (from the date of the last entry)? Yes No

2 Select three schedule 2 CDs that are recorded in the CD Register:

Page Number	Schedule 2 CD	Stock Balance In CD Register	Stock Balance In CD Safe	Balance Verified as correct?
	1.			Yes <input type="checkbox"/> No <input type="checkbox"/>
	2.			Yes <input type="checkbox"/> No <input type="checkbox"/>
	3.			Yes <input type="checkbox"/> No <input type="checkbox"/>

If any discrepancy was noted, record the steps taken to (i) Investigate and (ii) rectify the discrepancy:

3 How often are stock balances recorded in the CD register checked against the physical stock of controlled drugs in the CD safe?
Frequency _____

Example 2 Section 4: Documentation and Record Keeping



Review

Controlled Drugs (CD) Register

1 Is the CD register retained at the pharmacy for 2 years (from the date of the last entry)? Yes No

2 Select three schedule 2 CDs that are recorded in the CD Register:

Page Number	Schedule 2 CD	Stock Balance in CD Register	Stock Balance in CD Safe	Balance Verified as correct?
56	1. Butrans 10mcg/hr patch	4	8	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
89	2. Oxynorm 5mg capsules	124	124	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
124	3. Ritalin 10mg tablets	60	60	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Review

If any discrepancy was noted, record the steps taken to (i) investigate and (ii) rectify the discrepancy:

(i) Checked all invoices received and prescriptions dispensed since last balance check were entered in register – noted one invoice on which 4 Butrans 10mcg patches received not entered in register

(ii) Entry made in register for receipt of 4 Butrans 10mcg patches on relevant invoice number. Footnote added to explain reason for delayed entry.

3 How often are stock balances recorded in the CD register checked against the physical stock of controlled drugs in the CD safe?

Frequency Monthly

Compliance Assessment

Compliance Assessment – Documentation and Record Keeping

Having completed the review, please consider the statements listed below and select the level of compliance that you think best represents your pharmacy

Compliant:

- Pharmacy records, including the CD register and prescription register, are consistently maintained in accordance with legislative requirements. Regular reviews of pharmacy records support this.
- All medication errors and near misses are recorded and reviewed. Corrective and preventative actions are implemented by the pharmacy team.
- Clear, documented procedures for the management and destruction of medicines are in place at the pharmacy, including out of date and patient returned medicines.
- The security and privacy of sensitive personal information is assured in accordance with data protection guidance.
- The pharmacy's delivery service fully meets the requirements of PSI guidance.

Mostly Compliant:

- Pharmacy records are mostly maintained in accordance with legislative requirements.
- Medication errors and near misses are recorded and reviewed and some corrective and preventative actions implemented.
- Procedures are in place for the management and destruction of medicines at the pharmacy but are not consistently implemented.
- Procedures are in place to assure the security and privacy of sensitive personal information but are not consistently implemented.
- The pharmacy's delivery service mostly meets the requirements of PSI guidance.

Partially Compliant:

- Pharmacy records are partially maintained in accordance with legislative requirements.
- Some medication errors and near misses are recorded but these are not consistently reviewed and corrective / preventative actions are not identified or implemented.
- Procedures are in place for the management and destruction of medicines at the pharmacy but do not reflect the operation of the pharmacy.
- Procedures are in place to assure the security and privacy of sensitive personal information but do not reflect the operation of the pharmacy.
- The pharmacy's delivery service partially meets the requirements of PSI guidance.

Non-Compliant:

- Pharmacy records are not maintained in accordance with legislative requirements.
- No medication errors and near misses are recorded or reviewed.
- Procedures are not in place for the management and destruction of medicines at the pharmacy.
- Procedures are not in place to assure the security and privacy of sensitive personal information.
- The pharmacy's delivery service does not meet the requirements of PSI guidance.

When you have completed this, move on to the Action Plan Booklet

Compliance Assessment

SECTION 4: DOCUMENTATION

Compliant: <input type="checkbox"/>	
<input type="checkbox"/>	Pharmacy records, including the CD register and prescription register, are consistently maintained in accordance with legislative requirements. Regular reviews of pharmacy records support this.
<input type="checkbox"/>	All medication errors and near misses are recorded and reviewed. Corrective and preventative actions are implemented by the pharmacy team.
<input type="checkbox"/>	Clear, documented procedures for the management and destruction of medicines are in place at the pharmacy, including out of date and patient returned medicines.
<input type="checkbox"/>	The security and privacy of sensitive personal information is assured in accordance with data protection guidance.
<input type="checkbox"/>	The pharmacy's delivery service fully meets the requirements of PSI guidance.
Mostly Compliant: <input type="checkbox"/>	

Action Plan

Action Plan
Section 4: Documentation and Record Keeping

Have you identified area(s) for improvement in this Section? Yes No

If No, you can proceed to the Approval of Action Plan for this section. If Yes, record these below:

Area(s) for Improvement	Action(s) to be taken	Person responsible for action	Target date for completion	Action Completed
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

ACTION PLAN BOOKLET

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Area(s) for Improvement	Action(s) to be taken	Person responsible for action	Target date for completion	Action Completed
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

Approval of Action Plan by Supervising Pharmacist

Signature: _____ Date: _____

Additional Comments by Supervising Pharmacist

Additional Comments provided by Members of the Pharmacy Team

ACTION PLAN BOOKLET

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Action Plan

Action Plan Section 4: Documentation and Record Keeping

Have you identified area(s) for improvement in this Section?

Yes No

If No, you can proceed to the Approval of Action Plan for this section. If Yes, record these below:

Area(s) for Improvement	Action(s) to be taken	Person responsible for action	Target date for completion	Action Completed
Ensure all invoices for CD2 medicines entered in CD register within 24 hours of receipt	Technician to check all invoices entered on a weekly basis and document check in CD register	Mary Bloggs - technician	Ongoing	Yes <input type="checkbox"/> No <input type="checkbox"/>

Action Plan

Approval of Action Plan by Supervising Pharmacist

Signature: *Supervising Pharmacist*

Date:

28/04/2017

Additional Comments by Supervising Pharmacist

Trial weekly invoice checks for 3 months and if not sufficient consider weekly balance checks

Additional Comments provided by Members of the Pharmacy Team

Mary Bloggs asked who would cover when she was on holidays. Team was consulted and support pharmacist agreed to do the check when Mary on holidays.

Section 3: Sale and Supply of Prescription Medicines

Date Commenced		Name		Role	
----------------	--	------	--	------	--

Review of the Sale and Supply of Prescription Medicines

The purpose of this section is to review how prescription medicines are supplied safely to patients, under the personal supervision of the pharmacist, with sufficient information and advice provided for the proper use and storage of their medicines.

How to Complete

Review / observe 5 supplies of prescription medicines over a period of time and record your findings.

Example 3

Section 3: Sale and Supply of Prescription Medicines



Review : High Tech Medicine

SUPPLY 1

Medicine(s) supplied:

4 x Humira 40mg solution for injection in pre-filled pen

Labelled as one injection to be administered subcutaneously once a week

Medicine(s) prescribed:

High Tech Prescription:

Humira 40mg PFP x 4, once week

Date: 10/07/2016

Review of Therapy: 07/2017

GP Prescription:

Humira 40mg PFP x 4

Date: 01/02/2017

Date supplied: **08/02/2017**

Date specified on the prescription: **01/02/2017**

Prescription Details

Review- High Tech Medicine

Prescription Details				
Was the Prescription :				
Available prior to supply?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	Correctly written?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Retained in the pharmacy?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	Endorsed for the supply made?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Returned to the patient?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	Accurately recorded in the Prescription Register (date specified on prescription and prescriber)?	<input type="radio"/> Yes <input checked="" type="radio"/> No
In date?	<input checked="" type="radio"/> Yes	<input type="radio"/> No		
If the prescription was not available prior to supply, was the supply an Emergency Supply ?				<input type="radio"/> Yes <input checked="" type="radio"/> No
Was there an immediate need for the medicine?	<input type="radio"/> Yes	<input type="radio"/> No	Had the patient been prescribed the medicine before?	<input type="radio"/> Yes <input type="radio"/> No
At the request of:	<input type="radio"/> Prescriber	<input type="radio"/> Patient/carer	What quantity was supplied?	
Did it contain a controlled drug (Schedule 1-4)	<input type="radio"/> Yes	<input type="radio"/> No	Was the supply recorded as an emergency, where required?	<input type="radio"/> Yes <input type="radio"/> No

Review- High Tech Medicine

Details of Clinical Review by Pharmacist	
Were any potential therapy problems identified?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, record details:	

If yes, were these communicated to the prescriber / patient?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, record details:	

Review- High Tech Medicine

Patient Counselling	
Following the clinical review, was counselling offered to the patient?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If no, record reason:	

Review- High Tech Medicine

Did the patient/carer receive sufficient information and advice on the following, as deemed appropriate by the pharmacist? Please tick all that apply:			
The identity of the medicinal product, including information on any changes or substitutions made	<input type="checkbox"/>	Directions for use, including the dosage, method of administration, duration of therapy and storage	<input checked="" type="checkbox"/>
Any special directions and precautions for the administration and use of the medicinal product	<input type="checkbox"/>	Common severe side effects, adverse reactions or interactions and the action to be taken if they occur	<input type="checkbox"/>
Therapeutic benefit of the medicinal product	<input type="checkbox"/>	Importance of the need for compliance	<input checked="" type="checkbox"/>
Action to be taken in the event of a missed dose	<input type="checkbox"/>	Methods for the safe disposal in the event of the course of treatment not being completed	<input type="checkbox"/>
Did a member of the pharmacy team check that the patient understood the information provided?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Review- Emergency Supply

SUPPLY 2

Medicine(s) supplied:

7 x Lisinopril 5mg Tablet

Labelled: One tablet to be taken daily

Medicine(s) prescribed:

**Medicine requested:
Lisinopril 5mg Tablets**

Date supplied: **01/02/2017**

Date specified on the prescription: **No Prescription**

Prescription Details

Review- Emergency Supply

Prescription Details				
Was the Prescription :				
Available prior to supply?	Yes	No	Correctly written?	Yes No
Retained in the pharmacy?	Yes	No	Endorsed for the supply made?	Yes No
Returned to the patient?	Yes	No	Accurately recorded in the Prescription Register (date specified on prescription and prescriber)?	Yes No
In date?	Yes	No		Yes No
If the prescription was not available prior to supply, was the supply an Emergency Supply ?				Yes No
Was there an immediate need for the medicine?	Yes	No	Had the patient been prescribed the medicine before?	Yes No
At the request of:	Prescriber	Patient/carer	What quantity was supplied?	7 tablets
Did it contain a controlled drug (Schedule 1-4)	Yes	No	Was the supply recorded as an emergency, where required?	Yes No

Review- Emergency Supply

Details of Clinical Review by Pharmacist	
Were any potential therapy problems identified?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, record details:	

If yes, were these communicated to the prescriber / patient?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, record details:	

Review- Emergency Supply

Patient Counselling	
Following the clinical review, was counselling offered to the patient?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If no, record reason:	

Review- Emergency Supply

Did the patient/carer receive sufficient information and advice on the following, as deemed appropriate by the pharmacist? Please tick all that apply:			
The identity of the medicinal product, including information on any changes or substitutions made	<input type="checkbox"/>	Directions for use, including the dosage, method of administration, duration of therapy and storage	<input checked="" type="checkbox"/>
Any special directions and precautions for the administration and use of the medicinal product	<input type="checkbox"/>	Common severe side effects, adverse reactions or interactions and the action to be taken if they occur	<input type="checkbox"/>
Therapeutic benefit of the medicinal product	<input type="checkbox"/>	Importance of the need for compliance	<input checked="" type="checkbox"/>
Action to be taken in the event of a missed dose	<input type="checkbox"/>	Methods for the safe disposal in the event of the course of treatment not being completed	<input type="checkbox"/>
Did a member of the pharmacy team check that the patient understood the information provided?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Compliance Assessment

Compliance Assessment – Sale and Supply of Prescription Medicines

Having completed the review, please consider the statements listed below and select the level of compliance that you think best represents your pharmacy

Compliant:

- The preparation, dispensing and supply of prescription medicines is always carried out under the personal supervision of a pharmacist.
- A pharmacist reviews each prescription having regard to its validity, the pharmaceutical and therapeutic appropriateness of the medicine therapy for the patient, and screens the prescription for any potential problems.
- A pharmacist ensures that each patient has sufficient information and advice for the proper use and storage of the prescribed medicine. Each patient is offered counselling on their medicines.
- There is a clear, documented procedure in place at the pharmacy for the sale and supply of prescription medicines, which reflects practices in the pharmacy and the requirements of legislation and guidance.

Mostly Compliant:

- The preparation, dispensing and supply of prescription medicines is carried out under the personal supervision of a pharmacist.
- Most prescriptions are routinely reviewed by the pharmacist having regard to their validity, pharmaceutical and therapeutic appropriateness.
- Most patients are routinely offered counselling on the appropriate use of their medicines.
- There is a clear, documented procedure implemented at the pharmacy for the sale and supply of prescription medicines, but this is not consistently followed.

Partially Compliant:

- The preparation, dispensing and supply of prescription medicines is not always carried out under the personal supervision of a pharmacist.
- Prescriptions are reviewed by the pharmacist having regard to their validity, pharmaceutical and therapeutic appropriateness.
- Patients are not routinely offered counselling on the appropriate use of their medicines.
- There is a documented procedure in place for the sale and supply of prescription medicines, but this does not reflect practices in the pharmacy.

Non-Compliant:

- The preparation, dispensing and supply of all prescription medicines is not carried out under the personal supervision of a pharmacist.
- A registered pharmacist does not review each prescription having regard to its validity, pharmaceutical and therapeutic appropriateness.
- Patients are not offered counselling on the appropriate use of their medicines.
- No procedure is in place for the sale and supply of prescription medicines from the pharmacy.

When you have completed this, move on to the Action Plan Booklet

Compliance Assessment

Compliant:

- The preparation, dispensing and supply of prescription medicines is always carried out under the personal supervision of a pharmacist.
- A pharmacist reviews each prescription having regard to its validity, the pharmaceutical and therapeutic appropriateness of the medicine therapy for the patient, and screens the prescription for any potential problems.
- A pharmacist ensures that each patient has sufficient information and advice for the proper use and storage of the prescribed medicine. Each patient is offered counselling on their medicines.
- There is a clear, documented procedure in place at the pharmacy for the sale and supply of prescription medicines, which reflects practices in the pharmacy and the requirements of legislation and guidance.

Mostly Compliant:

Action Plan

ACTION PLAN BOOKLET

Action Plan Section 3: Sale and Supply of Prescription Medicines				
Have you identified area(s) for improvement in this Section? If No, you can proceed to the Approval of Action Plan for this section. If Yes, record these below:				Yes <input type="checkbox"/> No <input type="checkbox"/>
Area(s) for Improvement	Action(s) to be taken	Person responsible for action	Target date for completion	Action Completed Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

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ACTION PLAN BOOKLET

Area(s) for Improvement	Action(s) to be taken	Person responsible for action	Target date for completion	Action Completed Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

Approval of Action Plan by Supervising Pharmacist	
Signature:	Date:

Additional Comments by Supervising Pharmacist

Additional Comments provided by Members of the Pharmacy Team

7 Pharmacy Assessment System – Action Plan Booklet (Version 2, October 2014)

Action Plan

Action Plan

Section 3: Sale and Supply of Prescription Medicines

Have you identified area(s) for improvement in this Section?

Yes No

If No, you can proceed to the Approval of Action Plan for this section. If Yes, record these below:

Area(s) for Improvement	Action(s) to be taken	Person responsible for action	Target date for completion	Action Completed
1. Ensure High Tech Prescriptions are valid for each supply dispensed	High Tech SOP: <ul style="list-style-type: none">• Review• Update• Retrain	Supervising pharmacist	12/03/2017	Yes <input type="checkbox"/> No <input type="checkbox"/>

Action Plan

Area(s) for Improvement	Action(s) to be taken	Person responsible for action	Target date for completion	Action Completed
2. Accurate recording in Prescription Register	Retrain staff on accurate recording in Prescription Register, including date and prescriber. Carry out a spot check	Support pharmacist	28/03/2017	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Endorsing of prescriptions	Supervising pharmacist to discuss endorsing requirements with all pharmacists/staff	Supervising pharmacist	28/02/2017	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Completed 26/02/2017

Action Plan

Area(s) for Improvement	Action(s) to be taken	Person responsible for action	Target date for completion	Action Completed
4. Record Keeping for Emergency Supplies at request of patient	Contact software provider to activate an alert to record the nature of the emergency supply	Supervising pharmacist	10/02/2017	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
5. Quantities supplied by Emergency Supply at the request of the patient	Position a sticker on each dispensing computer to remind staff of the emergency supply provisions Ensure SOP reflects this.	Support pharmacist	10/02/2017	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Action Plan

Approval of Action Plan by Supervising Pharmacist

Signature: *Supervising Pharmacist*

Date:

30/03/2017

Additional Comments by Supervising Pharmacist

High Tech: Supervising pharmacist to check a HT script at random in 1 months time to verify actions taken in relation to High Tech supply have resulted in the required improvements.

Emergency Supply: When printing the daily audit, the pharmacist must ensure that the nature of the emergency supply has been recorded in the daily audit for any emergency supply issued at the request of the patient.

Additional Comments provided by Members of the Pharmacy Team

High Tech: The pharmacy technician recommended Reviewing storage of HT prescriptions so readily retrievable at the time of dispensing.

Emergency Supply: The pharmacy technician recommended that patients are informed verbally, and by using a sticker on their prescription bag, when their last prescription is dispensed so they have plenty of time to reorder prescriptions at the GP surgery.

Information Resources

www.psi.ie

inspectionproject@psi.ie